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020210 7590 05/27/2005

DAVIS & BUJOLD, P.L.L.C.
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<i>Michael J. Bujold</i>		Depositor's name
<i>Michael J. Bujold</i>		(Signature)
<i>June 16 2005</i>		(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/679,555	10/06/2003	Jurgen Wafzig	ZAHFRI P554US	3285

TITLE OF INVENTION: POWER DISTRIBUTED 2-RANGE TRANSMISSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
PANG, ROGER L	3681	475-216000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<u>1 DAVIS & BUJOLD, P.L.L.C.</u> <u>2 _____</u> <u>3 _____</u>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ZF Friedrichshafen AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

D-88038 Friedrichshafen GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Michael J. Bujold

Date _____

June 16, 2005

Typed or printed name _____

Michael J. Bujold

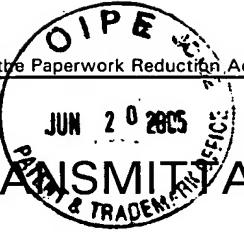
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32 018

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 TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/679,555
	Filing Date	October 6, 2003
	First Named Inventor	Jürgen WAFZIG et al.
	Group Art Unit	3681
	Examiner Name	Roger L. PANG
	Total No. of Pages in this Submission: 3	Attorney Docket Number

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> Postcard Submission of Issue Fee Fee Address Indication Form
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REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	June 16, 2005	

CERTIFICATE OF MAILING

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Type or printed name.	Michael J. Bujold
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